Stub to be retained by officer issuing permit

Name of Genovia Soclor Parry Decedent
F Pote of Posth Pebruary 9, 1998
Place of Southborough, 22 main st Death
Date of October 23, 1943 Birth October 23, 1943
Immediate advanced Liver Metastasis
Certifier mary Costonza M.D.
Permit Morris Funeral Home Issued To
Disposition Rural Cemetery Southboro
Name of Rural Cematery Facility
Date Permit 3/13/98

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to Town Clark

(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent Perovia Soctor Fax

to be returned immediately, properly endorsed

If a U.S. War Veteran, specify what war, organization, etc.

#### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)

on February 14, 1998

Final Disposition Sec. 1-C, Lot1, Grave #2

Certified by (Signature of Superintendent, cemetery or crematory)

1. 11 11 11

Certified by .......

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Acchard R. Collette
Sex Male Date of Death March 9, 1998 Place of Southborough, mg Rd Death
Date of September 19, 1935 Birth
Immediate Merotheliana, Metastatea
Certifier anthony L. Boral M.D.
Permit Morris Funeral Home Issued To
Disposition Pural Cemetary Southbors
Name of Morris Funeral Home
Date Permit March 11, 1998 Issued

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHDOTOUGH ! OWN CIEFK (Office issuing permit)
Southborough Massi
Name of Decedent Pichard K. Colletti
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
Rural Cemetery Southborough, MA  (Name of cemetery or crematory) (City or Town)
on March 13, 1998
Sec. 2. Lot 38C, Grave#1

(Signature of Superintendent, cemetery or crematory)

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## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

1/2000 1 117 101
Name of Decedent Karin L. Walsh
Sex F Date of Death Mach 12, 1998
Place of Southborough, MA
Date of Cloril 16, 1947
Immediate McLaStalic Colon Carco
Certifier ( LT Stopher N. SUGLEY M.D.
Nacy MOXYLS II
Permit Issued To Mary Stuneral Home
Disposition Rural Cemetery
Name of MONS FUNER ( Horse Facility
Date Permit 15 Sued 1998
,

to South Down Town Clerk  City or Town of Decedent Karp L. Walsh
Name of Decedent Karen L. Walst
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
Rural Cemetery Southborough, MA (Name of cemetery or crematory) March 16, 1998
on
Final Disposition Sec. B-Fast Lot 16 Grave #5
Certified by AMAMA TIMELYMON

R-309

#### **DISPOSITION, REMOVAL AND** TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Edward a. Angelico
Sex Date of Death March 14, 1998
Place of Southborough, MA 20 Central St.
Date of June 18, 1918 Birth
Immediate Stroke Cause
Certifier Peter M. Brem M.D.
Permit Morris Francial Home 40 Mainst
Disposition Rural Cametary, Southborough,
Name of Morris Francial Home 40 Mainst Facility Southborout
Date Permit March 16, 1998 Issued

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
(Office issuing permit)
Name of Decedent EOWOYA A HOGICO
If a U.S. War Veteran, specify what war, organization, etc.
WWI
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on March 17, 1998
Final Disposition Sec. R.Fast Lot 19 Grave #4.
Certified by (Signature of Superintendent, cemetery or crematory)

. . 0 1 1: 10

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## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Decedent Marie devision scroperth
Sex M Date of Death april 2, 1998
Place of Southborough 236 Parkerville Rd
Date of August 7, 1925 Birth August 7, 1925
Immediate Metastatic Clolangiocorcinona
Certifier Edward Kamono M.D.
Permit John C Bryant Issued To
Disposition Weston, mA
Name of Linwood Cometery  Date Permit 4/3/98  Issued

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly englorsed
Town Clerk
(Office issuing permit) 0 17772
City or Town of Southborough Massi
Name of Decedent ARthur IVison Schofie
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at L/NWOOD CEMETERY, WESTON (Name of cemetery or crematory) (City or Town)
on April 6, 1998
Final Disposition BUNIACT VAULT 654
Certified by (Signature of Sperintendent, cemetery or crematory)
<b>/</b>

Stub to be retained by officer issuing permit

Name of MARY-JANE F. BOLAND
Sex E Date of Death April 10, 1998
Place of South borough, MA 35 EAST MAINST Death
Date of August 18, 1935- Birth
Immediate A CUTE MYO CARDIAL IN FARCTIO
Certifier ShylA ShRinAth M.D.
Permit Morris Funeral Home Issued To
Disposition Southborough, MA
Name of RURA! Cemetery
Date Permit April 14 1398

<b>DISPOSITION,</b>	<b>REMOVAL</b>	AND
TRANSPORT	ATION PER	MIT

This section to be returned immediately, properly endorsed
to Town Clerk
(Office issuing permit)
City or Town of South borough Massi
Name of Decedent MARY-JAME F. Boland
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough; MA (Name of cemetery or crematory) (City or Town)
on April 15, 1998
Final Disposition Sec. 15, Lot 8, Grave #4  Certified by
(Signature of Superintendent, cemetery or crematory)  If there is no officer in charge funeral director must airn and return this stub.

Stub to be retained by officer issuing permit

Name of JOAN KATHLEEN FORD
Sex F Date of Death MAY 13, 1998
Place of South borough, MA
Date of FeBruary 3, 1947
Immediate Respiratory ARRest
Certifier MARY-Ellen TAPLIA MD.
Permit Issued To Marcy Morns Hours
Disposition outhbrorough MA
Name of Kural Condery
Date Permit May 1998

DISPOSITION,	<b>REMOVAL</b>	AND
TRANSPORT	ATION PER	MIT

This section to be returned immediately, properly endorsed
to Town Clerk
(Office issuing permit)
City or Town of South bor ough Massi
Name of Deceden JOAN KAthleen Ford
Tunic of December 11111
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA List (Name of cemetery or crematory) (City or Town) May 16, 1998
Final Disposition Sec. 1, Lot 11/C, Grave #1
Certified by (Signature of Superintendent, cemeterny or crematory)  If there is no officer in charge, funeral director must sign and return this stub.
ii tilete is no omicei in charge, ranerai difector massign and retarn into stass

Stub to be retained by officer issuing permit

hand a set is Proses

Decedent VIII ATT
Sex By Date of Death
Place of Southborough
Date of October 1, 1914
Immediate CARDIO PULMONARY ARPEST Certifier Struck 7 INE MD.
Certifier Strugu 7 INE M.D.
Permit MORRIS FUNERAL Hom &
Disposition Newton Cremstery
Name of Manton Carmatory
Date Permit Issued

This section to be returned immediately, properly endorsed
to Boo Town Clubs (Office issuing permit)
Massi
Name of Decedent Margarit Planson.
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
atNewton_Crematory_Newton
on 6/9/98
Final Disposition  Certified by
(Signature of Superintendenf, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

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# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Patrilla A. Judley
Sex Date of Death September 17,199
Place of Southborough Death
Date of March 30, 1945
Immediate Bespiratory Fulure
Certifier Dolly gervaranese M.D.
Permit Morris Funeral Home Issued To
Disposition Buras
Name of Morris Luneral Home
Date Permit Sept. 18, 1998 Issued

This section to be returned immediately, properly endorsed
5 Southboro Town Clerk
(Office issuing permit)
City or Town of Southboro Massl
Name of Decedent Patrice A. Dudley
Name of Decedent
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on September 19, 1998
Final Disposition Sec. 4, Lot 2, Grave#4
Certified by (Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

### **DISPOSITION, REMOVAL AND** TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of MATIA Sochor Decedent	••
Sex Date of Death November 15, 199	18
Place of South Borough, MA 20 MA.	?
Date of June 16, 1916	
Immediate CArdiac Arrest	
Certifier Jocelyne Caplow MI	). =
Permit Morris Funeral Hon	16
Disposition Southborough, MA	
Name of RUFAL CEMETERY	
Date Permit November 17, 1998 Issued	, 

### **DISPOSITION, REMOVAL AND** TRANSPORTATION PERMIT

to South borough Town Clerk  City or Town of MARIA Soch OR
If a U.S. War Veteran, specify what war, organization, etc.
ــــــــــــــــــــــــــــــــــــــ
ENDORSEMENT (To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on November 21, 1998
Final Disposition Sec. 1. Lot 11-B. Grave #2

Stub to be retained by officer issuing permit

		Ann.	2 Hic	tou
Name of Oecedent	Joyce	<i>[</i> \ /       \	2 1110	inc y
ex F	Date of Death	novem	ber 23	1998
Place of Speath	Date of Death	wough	1 south	Road
Date of Sirth	June	12, 19	37	•••••
Certifier .D.	Respi r. Intl	ony C.	Howes,	M.D. ====
	nove			
Disposition At	Ittlebo	o, mA		•••••
Name of Facility	north	Purcho	se G	emator
	n			_

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to Southborough Journ Clare  (Office issuing permit)  City or Town of Southborough Massi  Name of Decedent Jay CE ANNE Hickeyiii
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at MORTH PURCHASE. A TILE BORO
(Name of concern or crematory) (City or Town)  on IVOUEMBER 27 1999

If there is no officer in charge, funeral director must sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Final Disposition CREM 4 TED

Stub to be retained by officer issuing permit

Jame of Paul Francis Morris Decedent Paul Francis
exDate of Death November 26, 1992
Place of Southboro, MA
Date of January 24, 1933
mmediate Pending Toxicology
Certifier Leonard ATKINS M.D.
Arthur S. MI+chell Permit Michell Funeral Home
Disposition Newton Crematory
Name of MI+chell Funeral Home Facility
Date Permit November 30, 1998

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to
Sauthboro Massel
Name of Decedent Paul Francis Morris
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
it Newton Crematory Newton (Name of cemetery or crematory) (City or Town)
n11/30/98
inal Disposition
Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

ex	Date of Death	VAN	UALY	$\mathcal{A}_{H}$	i Rd
lace of So	Date of Death Uthbor	ough,	39 8	ren kno	eck
	April				•
mmediate lause	Acute	resp	irator	-y FAI	·luke
Certifier	P. JAC	t Le	itner	M.D	). =
ermit	morre	is 7	Tuner	ol Ho	me
Disposition At	Runa	L C	enel	ery	
	كامير				
Date Permit ssued		1/22	199		••

### **DISPOSITION, REMOVAL AND** TRANSPORTATION PERMIT

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This section to be returned immediately, properly endorsed
Town Clark
(Office issuing permit)
City or Town of Southborough Massi
Name of Decedent Sherley B. mocresta
Name of Decedent
V
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
E/(BO)(GEIIIE)
(To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was
(To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at

Stub to be retained by officer issuing permit

iex Date of Death FCD 2 1939
Place of Southborough
Date of Italy Birth
Certifier Davil Lavifin M.D.
Certifier David Livitin M.D.
Permit Issued To Merican Cremation Society
Disposition LINNOON CREME LONG
Name of American Clemation Society
Date Permit February 3, 1999
•

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to /oun letk
City or Town of
WHAVIO KOSH
Name of Decedent
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT CREMATIO
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Linwood Cemetery-Crematory, Haverhill MA (Name of cemetery or crematory) (City or Town)
on FEB - 4 1999
Final Disposition
Certified by (Signature of Superintendent, cemetery or creams)

.Worcester, MA 01605.....

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Arthur Herbert Medin e, TR
Sex Date of Death APII 17, 1930
Place of Southborough Death
Date of February 11, 1999
Immediate Con a R & LIVEN

Certifier Peter M. Brem. M.D.

Permit Issued To Mancy Morris Richard Reliable Report Repo

Name of Frank H, Mules Co

Date Permit Lebruary 12,1999

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to be returned immediately, properly endorsed

to BONNOLEVK
City or Town of South Boy on Light Mass:  Name of Decedent Arthur Herbert Mellille It
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the bookursing remaining permit was

disposed of in accordance with increase Street

Final Disposition .....

Certified by .....

If there is no officer in charge, funeral director must sign and return this stub.

(Signature of Superintendent, cemetery or crematory

Stub to be retained by officer issuing permit

Sex
Place of Southboro, MA
Date of Feb 27, 1904
Immediate Congestive heart failure
Certifier Bobert C. Sun ner M.D.
Permit John P. ROWEJT.
Disposition Rual Cenercy
Name of John Rowe Fines Home
Date Permit Echruary 22, 1999 Issued

to Clerk (Office issuing permit) City or Town of Southborough Masse Name of Decedent Marion G. Connor  If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on February 25, 1999
Final Disposition Section 1-A, Lot Ewest, Gryff  Certified by (Signature of SuperIntendent, cemplery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Orenz Troteus
Sex Date of Death June 19 1999
Sex Date of Death June 19, 1999  Place of Southboroup, mA
Date of January 17, 1910
Immediate Cardiac arrest
Certifier Madia L, Rodberg M.D.
Permit Morris Funeral Home Issued To
Disposition Rural Cemetery
Name of Southbore
Date Permit 6/15/99

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
Southboro Town lave
(Office issuing permit)
City or Town of Mass:
Name of Decedent Greene Trateus
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
atRural Cemetery Southborough . MA
June 17, 1999
Final Disposition Sec. 12. Lot 29, Grave #3
Certified by (Signature of SuperIntendent, cemeters) or crematory)

Stub to be retained by officer issuing permit

Name of Unabelle K. Macle OCL
Sex F Date of Death June 13, 1999
Place of Southborough Death
Date of August 27,1909
Immediate Congestive Aleut Failur Cause Edward B. Jaffe M.D.
Certifier Edward B. Jaffe M.D.
Permit Thomas H. Hays
Disposition Maplewood Connetery
Name of Leland Hays F. H.
Date Permit July 15, 1999

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
City or Town of
Name of Decedent Annabella K. Macled
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at MAPIEWOOD CEMETALY MARIBORE (City or Town)
on JUNF 18,1999

Final Disposition LaT 1007

If there is no officer in charge, funeral director must sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Stab to be rotatined by officer rotating persons
Name of OSCAr Decoteur
Sex M Date of Death June 15, 1999
Place of Southborough Death
Date of November 12, 1940
Immediate Cardia Aryflmia Cause Aryflmia
Certifier General Fary for Lipmand.
Permit Issued To Graham Putnam & Maloney
Disposition New Swelley Cremitor
Name of Graham, Pulname Mahoxey
Date Permit June 22, 1999

Stub to be retained by officer issuing permit

Name of Decedent	Stanley Cislo
Sex. M	Date of Death August 16, 1999
Place of Death	Southborough
Date of Birth	April 28, 1937
Immediate Cause	Lung Cancer
	Panos Fidias MD
Permit Issued To	JJ. Shepherd & Sons Inc
Disposition At	
Name of (Facility	Deshera i Sons

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Cleri	
(Office issuing pe	rmit)  Mass
City or Town of	1 Calor
If a U.S. War Veteran, specify who	at war, organization, etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on Mayllower Detricting, Duxbury, Mass.

Final Disposition Ave. MARK.

(Signature of Superintendent) centerer for crematory)

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## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Marik Clother
Decedent
_
Place of Death South South
Date of Birth 2, 1955
Immediate Honging Skeltonigel
Certifier William Jone, Lyami M.D.
Permit Issued To Torkyer Corrigon Mayer
Disposition Rund Cometary Coloratory
Name of Mordguen, Carryon Manger
Date Permit August 20, 1999

### DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
toTown Clerk
(Office issuing permit)
Southborough City or Town of
Name of DecedentManikChandra
If a U.S. War Veteran, specify what war, organization, etc.

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit wadisposed of in accordance with its turn. Crematory  180 Grove Street  at	
Certified by (Signature of Superintendent, cemetery or crematory)	••

Stub to be retained by officer issuing permit

Name of Ricky Van Andrews
Sex Date of Death 9/3/99
Place of Southborough
Date of January 18, 1960
Immediate Bunt Trauna of Head  Cause Menagolor Chirkov
Certifier Plevareler Chirkor M.D.
Permit Henderson Funeral Home
Disposition Dax Grove Cemetery
Name of Henerson Funeral Home
Date Permit September 9,1099

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to Town Clerk
City or Town of Southborough Mass
Name of Decedent Ricky Van Andrew
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I haraby contify that the hade accommend to

No. 0/ 2002

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No. 0//2000

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Odeline Schild
Sex F Date of Death JANUARY 7, 9000
Sex F Date of Death JANUARY 7, 2000  Place of Southborough  Death
Date of Merry 11, 1924
Immediate Cardiac arrest
Certifier Madia L. Rolling M.D.
Permit Bosel To Lottery,
Disposition Cremation
Name of Duybury Cremation
Date Permit January 11, 2000

This section to be returned immediately, properly endorsed
to lown Clerk
to(Office issuing permit)
C + 1
City or Town of South horough Mass.
Name of Decedent Adeline Schild
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
disposed of in accordance with its terms
disposed of in accordance with its terms  at Duxbury Crematons Purbus, Rease
disposed of in accordance with its terms  at Duxbury Crematons Purbus, Rease
at Duxbury Crematons Purbury Read (Name of cemeters or cremators) (City or Town)
disposed of in accordance with its terms  at Duxbury Crematons Purbus, Rease
at Duxbury Crematons Pinchia, Rhane (Name of cemetery or cremators)  On
at Duxbury Crematons Privates, Afaaa (Name of cemeters or cremators) (City or Town)  on
at Duxbury Crematons Direction (City or Town)  On Certified by
at Duxbury Crematons Purchase (Name of cemeters or cremators) (City or Town)  on Final Disposition
at Duxbury Crematons Direction (City or Town)  On Certified by

at

on

## DISPOSITION, REMOVAL AND

TRANSPORTATION PERMIT This section to be returned immediately, properly endorsed Town Clerk to (Office issuing permit) City or Town of Southboro Mass. Name of Decedent ..... Adeline F. Schild If a U.S. War Veteran, specify what war, organization, etc. **ENDORSEMENT** (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Duxbury Crematory, Duxbury, MA (Name of cemetery or crematory) (City or Town) January 13, 2000 Southborough Rural Cemetery Final Disposition Sec. 9. Lot 164. Gry#1B (cremains) (Signature of Superintendent, cemetery of crematory) Certified by

R-309

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

			1 4 4
Name of Decedent	nna Jo	nny Morie	Kallarder
Sex Date	of Death	bruary 15	12000
Place of Death	authora	ugh 18 Moo	Low Jone
Date of Birth	ptember	-19, 190.	2
Immediate	ngestú	re Heart Fr	alure
Certifier	restople	re Heart Fr er Scola	M.D.
		Funeral	<b>.</b>
Disposition (	Gremot	ion	
		Camelory	
Date Permit Issued	Februa	my 16, 0	-000

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
n Town Clerk
(Office issuing permit)
<b>3.</b>
City or Town of Southbors Mass.
Name of Decedent anna Kallandur
Name of Decedent UNIVA   Allangur
If a U.S. War Veteran, specify what war, organization, etc.
JU.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
I hereby certify that the body accompanying this permit was disposed of in accordance with the Crematory
I hereby certify that the body accompanying this permit was disposed of in accordance with the Crematory
I hereby certify that the body accompanying this permit was disposed of in accordance with the Crematory
I hereby certify that the body accompanying this permit was disposed of in accordance with the Crematory
I hereby certify that the body accompanying this permit was disposed of in accordance with the Crematory
I hereby certify that the body accompanying this permit was disposed of in accordance with the land crematory at 180 Grove Street  on FEB 17 2000  TEB 17 2000
I hereby certify that the body accompanying this permit was disposed of in accordance with the Crematory
I hereby certify that the body accompanying this permit was disposed of in accordance with the lamb crematory at
I hereby certify that the body accompanying this permit was disposed of in accordance with the lamb crematory at
I hereby certify that the body accompanying this permit was disposed of in accordance with the land crematory at 180 Grove Street  on FEB 17 2000  TEB 17 2000

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03-2000

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent	Roland a. Massier
sav M	Date of Death hebruary 26, 2000
Place of	Southborough, 6 Cross St
Date of	December 27, 1911
Immediate Cause	Myscardial disforction Neal M. Fallis M.D.
Certifier	neal M. Tallis M.D.
Permit Issued To	John P. Rowe, Francial Une
At	DUNCO
Name of	Raral Cemetery
Date Permit Issued	Feb 28, 2000

to Coffice issuing permit)  City or Town of South borough  Name of Decedent Roland A. Messien.
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on February 29, 2000
Final Disposition Sec. 1, Lot 31A, Grave#1
Certified by (Signature of Superintendent, cemelery or crematory)
If there is no officer in charge, funeral director hust sign and return this stub.

Name of

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

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Sex Date of Death	april 1, 2000
	borough
	26, 1921
Immediate Sup	• • • • • • • • • • • • • • • • • • • •
Certifier Miche	lle Zhany M.D.
Permit Ruger	e J. mc Cortly, gr.
Permit Issued To	e J. McCorthy, gr.
Disposition Bures	

### DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to Town Clerk
(Office issuing permit)
City or Town of South bot ov gd Mass.
Name of Decedent FRANK John Douglas
Name of Decedent
If a U.S. War Veteran, specify what war, organization, etc.
WWT

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was

disposed of in accordant	ance with its term	ms XI aminaham
(Name of ceme	ery of crematory) S 00	(City or Town)
Final Disposition	ct. 2, 11	180-87 # 6M9
Certified by (Signa	Mana ture of Superintender	ot cemetery or crematory)

No. 05-00

R-309

### · 05-00

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent John L. Cechrolle
Sex M Date of Death April 14, 2000
Place of South Corough
Date of Arlington, April 7,1939
Immediate Cardiac Arrythmia Certifier Miliam M Keltyle M.D.
Certifier William M Kettyle M.D.
Permit Issued To MorriS
Disposition Rural Cemetury
Name of Morris Funeral Home
Date Permit April 15, 2000

to City or Town of Check Mass.  Name of Decedent Check Cochrane
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
atRuralCemetervSouthborough,Ma
on
Certified by (Signature of Superintendent, cemetery)
If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

$\sim$ $\sim$ $\sim$ $\sim$
Name of Tanmum . Kinz/CC
Sex Date of Death MMC 1 200
Decedent J. W. M. J.
Date of March 21, 1961
Immediate Proding Toxicology Cause
Certifier Janifak. Lipman M.D.
Permit Issued To Chasses Aufres
Disposition and I del Com Canbridge At
Name of Donovan Aufleso F. H.
Date Permit March 7, 2001

to
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at Chamball Challed Chamball (Name of cemetely or crematory) (City or Town)  on Mark & Dool
Final Disposition  Certified by (Signature of Superintendent, demetery or frematory)
If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Decedent Man L. Mone Je
Sex Date of Death RP1113,2001
Place of Suthborough MA-
Date of Dec. 3, 1924
Immediate Congr. Stirk Heart Failure
Certifier Deborah Riester M.D.
Permit Issued To Nancy G. Morris
Disposition Rural Comtery, Southbough
Name of Morris Funeral Home MAS.
Date Permit April 17, 2001

to
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough MA (Name of cemetry or crematory) (City or Town)  April 17, 2001
Final Disposition Sec. A. Lot 12/ Grave#8
Certified by (Signature of Superintendent, cemeterly or crematory)
If there is no officer in charge, funeral director must sign and return this stub

Stub to be retained by officer issuing permit

Name of Best Alonzo Fassis, Jr.
Sex Date of Death APCIA3, 2001
Place of Southboough, MA-
Date of Opril 8 1934  Birth Blunt  Immediate Multiple Traumatic Injurie
Immediate MUHIPE Foundic Injure
Certifier Jennifer K. Lipman M.D.
Permit Gy B. Dostic Issued To Maine Veteran Memoura Disposition Cemeter Ways, Maine At Prette Function Formula Name of 37 Buttett St. Lewiston, ME Facility 87 Buttett St. Lewiston, ME
Disposition Cempter Jugust Main At Proete Evneral Come?
Name of 87 BOSTEH ST LEWISTON, ME Facility
Date Permit April 36, 2001

Stub to be retained by officer issuing permit

Name of Decedent Try Muy Land Thilles L. Sex Date of Death May 6 200
Sex F Date of Death Max 6 200
Place of Southborough
Date of Sptemble 28, 1916
Immediate Cause Lang Concer
Certifier Sohn (Jark) M.D.
Permit Issued To Maria Maria Disposition / 12000 CENTATORY
Disposition / // CDOOD SENICHOUS
Name of n ( ) Martin F. H. Soll Ma. 30% Pastucket St. Lowell Ma.
Date Permit 1 2001 0/854 Issued 12001

This section to be returned immediately, properly endorsed to IOWA CICKS OFFICE  (Office issuing permit)  City or Town of SOUTHANCOUGH Mass.  Name of Decedent IRAC MALLAMA IN VICAL  If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT CREMATION  (To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Linwood Cemetery-Crematory, Haverhill MA (Name of cemetery or crematory) (City or Town)  MAY -8 2001
Final Disposition
(Signature of Superintendent, cemetery or crematory).  If there is no officer in charge funeral director must sign and return this stub.

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## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Charles Geoffrey Merrill
Sex Date of Death MUCA 1989
Place of Providence Rhode Island
Date of July 22, 1954 Birth Multiple Fractures Internal Immediate Laurics
Cause
Permit Issued To Bridget Gilleron, Rusal Cometey
Disposition Rwa Compten 5800 M
Name of Bridget Giloney Supervisor of Architecture Rural Comotony
Date Permit JULO / 200/

to
ENDORSEMENT
(To be filled in by cemetery or crematory official)  Cremated  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on June 11, 2001
Final Disposition Section F, Grave#52A  Certified by Section F, Grave#52A
(Signature of Superintendent, cemetery or crematory)  If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Decedent Man E. Wellman
Sex M Date of Death Sept. 21, 2001
Place of May 12, 1925 South borough
Date of MW12, 1925
Immediate Ce Chrovasular accident
Certifier Glenn R. Randall M.D.
Permit Issued To Thomas F. Cronin
Disposition Rual Crematory Worcester, MA
Disposition Rual (rematory Worcester, MA  Name of Callanan F. 16.34 Church St. Hopkintm
Date Permit Deptember 24,200/

### DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to Town Clerk's Office
City or Town of Southborough Mass.
Name of DecedentNorman E. Wellman
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
Bural Crematory  (Name of cemetery or crematory 80 Grove Street on SEP 25 2001 Worcester; MA-01605
Final Disposition
Certified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Name of Pussell G. amsden
Sex M Date of Death Oct 27, 200/
Place of Southborough
Date of December 3, 1919
Immediate Multiple Traumatic Injuries Certifier Richard Evans M.D.
Certifier RIChard EVans M.D.
Permit Michael S. Ciccarelli 01906 Issued To 549 Lincoln ove Schaus, Ma Disposition Disposition Dispos
Disposition At Sest Propody, Ma
Name of Bisbee-Parcella Fun Home
Date Permit Jobe 30, 2001